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ABSTRACT

The accurate evaluation of consultation is a difficult problem because outcomes can vary according to the perspective and expectations of the respondent. A comparison of several measures for evaluating program-oriented consultations in 39 community mental health centers was based on the following outcome criteria: (1) implementation of consultant suggestions; (2) degree of problem solving; (3) usefulness of the consultant; (4) client satisfaction; (5) influence of consultation on problem solution; and (6) future interest in consultation. The methods used in the data collection included consultee questionnaires, consultant questionnaires, interviews with consultees, and direct observations. Results indicated that actual implementation of the consultant's suggestions was related to the degree of problem solution, but the two were not synonymous. Items measuring consultee satisfaction and plans for future consultations found closer relationships between these variables and implementation of the consultant's suggestions than with problem solution. Consultee judgments of the influence of the consultation were clearly related to implementation and problem solution; consultee judgments of consultation usefulness were not strongly related to these variables. Data suggest that when evaluating a process with as many outcomes as consultation, care must be taken in analyzing and explaining results. (Author/NRB)

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EVALUATING CONSULTATION: A COMPARISON OF MEASURES

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Evaluating Consultation: A Comparison of Measures

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The topic, evaluating organizational consultation, implies that it is possible to determine whether a consultation is effective or not, useful or not, or to be blunt, good or not. But which of these descriptors, or outcomes, really defines what a "good" consultation is? Should the objective or goal of consultation be that it was useful to the organization, that the consultees were satisfied, that the consultant influenced the situation, that some basic problem was solved, all of these, or other outcomes not yet mentioned?

Further, is a consultation that rates high on one of these descriptors also likely to rate high on the others? In other words, are these outcomes all measuring basically the same thing, or are they assessing different aspects of an overall consultation process? And if that is the case, how likely is it that one outcome of the consultation process is likely to receive high scores while other components of the consultation are rated low?

These were the questions forming the basis of our investigations of consultation outcome, specifically the measurement of outcome. As Barry (1980) states in his paper, there is little experimental evidence in the literature related to these or any actual outcomes. According to Windle and Flaherty (1979), " . . . there has been much more concern with the conceptual basis and the process of consultation than with [its] empirical evaluation."

Mannino, MacLennan, and Shore (1975) reviewed 35 studies of consultation and found that organizational change was measured in only two. Bidwell and

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Lippett (1971) surveyed 75 consultants and clients and found that in only one case was there actual follow-up testing six months to a year following consultation. Clearly the amount of experimental research and evidence is meager.

If one is interested in evaluating consultation using some objective measure, what measure should be used? A traditional approach has been to refer to those studies that are reported in the literature, and see what criteria others used in determining outcome. Therefore, we selected the recent NIMH publication (1979), Evaluation in Practice, as a current and comprehensive compendium of actual research descriptions. We then reviewed what program-oriented consultation research studies were reported in that volume and noted the outcome criteria used in the studies.

In many, outcome measures were based on general, non-specific responses of consultees. Sample criterion measures included the following:

- How well were your expectations met? What did you like best? (Hinkle, Silverstein, and Walton)

- Will this consultation directly affect other community groups, agencies, programs, and neighborhoods? (Hoven, Schwartz, Seiffer, and Mandell)

- What is your reaction to the (consultation) program? Kirschenbaum, Klei, Brown and DeVoge)

A few of the studies reported using behavioral measures of outcome, and again most were rather general:

- Were you able to use the recommendations of (the consultant)? Have you learned new concepts and techniques? (Hinkle, Silverstein and Walton)

- What is the impact of the (consultation) on your work? What is the nature of the impact? (Flaherty and Martin)

Method

Based on the results of the literature review and our own previous experience in evaluation (Larsen & Werner, 1980; Larsen, Norris, & Kroll, 1976), we composed a set of outcome measures that included both behavioral and non-behavioral measures. The outcome criteria in our study included the following:

Actual implementation of the consultant's suggestions

Degree of problem solution

Usefulness of the consultant

Satisfaction with consultation

Consultation's influence on problem solution

Future interest in consultation

The methods used in collecting data on these outcomes is another critical issue. According to Lippitt and Lippitt (1978), the methods most frequently used to collect data on evaluation of consultation are: questionnaires, interviews, and client reports. Inspections and visits, and consultant ratings are less frequently used.

The present study used several of these techniques, including questionnaires completed by consultees, questionnaires completed by consultants, interviews with consultees, and direct observations conducted by a trained data collector not involved in the consultation. The last technique, direct observation, is one that is rarely mentioned in the research literature on consultation evaluation, however it has long been used in other evaluation research, especially in training and staff supervision.

Data were collected on 39 consultations in community mental health centers throughout the United States. Some 19 consultants conducted two-day program-oriented consultations on a topic requested by the CMHC. The consultants all were trained and experienced and all had worked in mental health settings at

some point in their careers. Each consultant was accompanied by a trained observer, who had responsibility for data collection. It was explicitly stated that the observer was not participating in the consultation. The consultants also were clear that this was not a team consultation and that the observer was present only as part of the research activity, not to assist in the consultation.

One of the observer's tasks was to note specific information in the form of ideas or suggestions made by the consultant. A list of these ideas was left with the consultees, a copy given to the consultant, and a copy retained by the observer. Four months following the consultation, this list was used as the basis for follow-up interviews with consultees. The purpose of the interviews was to determine the extent to which the consultant's suggestions had, or had not, been implemented. More specifically, the interviews identified suggestions that were noted and used by the consultee and those that were disregarded or not implemented. The interviewers went through the list of ideas sequentially, probing on each idea to determine whether it was used, and if so, how.

In all consultations, follow-up interviews were conducted with more than one staff member. If the responses of two individuals generally confirmed each other, the observer determined a summary score for each of the ideas. If two respondents different in their opinions, a third individual was interviewed. If no agreement was apparent from three interviews, a fourth person was interviewed and so forth until the discrepancy could be resolved and one score representing the general consensus of consultees was determined.

In addition to collecting information on the extent to which the suggestions had been implemented, consultees also were asked several general

questions about their reactions to the consultation. The extent of implementation and the general questions are all outcome measures. Specific questions were the following:

- "Have you tried to implement the (consultant's suggestion)? (At this point, the interview follows a branching pattern of questioning, leading to alternative outcome categories.)
  (Actual implementation of the consultant's suggestions)
- "The consultation dealt with (topic). At this time would you say that the concerns which led to the choice of this topic have been resolved or dealt with?" (Degree of problem solution)
- "How useful did you feel the consultant was to your center? (Perceived usefulness of the consultant)
- "How satisfied were you with the consultation?" (Extent of consultee satisfaction)
- "We would like to know the influence the consultation may or may not have had on what happened to this idea. Would you say the consultation: had a major influence, had a minor influence, or had no influence at all?" (Consultant's influence on program change)
- "How likely is it that your center will utilize the services of a program consultant in the future?" (Estimated future interest in consultation)

Results

Scores on each of these outcome measures were determined for each consultation. These scores were then correlated to determine the extent of relationship between the measures. In all cases, correlations are based on an N of 39. The following data report selected comparisons.

1. Implementation of consultant's suggestions and problem solution.

If the purpose of consultation is to deal with some aspect of organizational functioning, however broadly defined, is it possible for the consultant's suggestions to be implemented and yet for the presenting problem to remain? Such a case would seem to suggest that the consultant was off-base with his or her recommendations, or that the organization had a number of problems and that it dealt with one, but others still remained. However, how do these two issues relate in terms of consultation evaluation?

Data on actual implementation of consultant suggestions were related to data on degree of problem solution. The correlation between the two measures was .29, and was significant, at the .05 level (one-tailed). Thus, there is the suggestion of a relationship between implementation of suggestions and problem solution. In many cases the fact that the consultant's suggestions are used does indicate that the presenting problem had been addressed to some extent.

2. Usefulness of the consultant and implementation of consultant's suggestions.

Responses to the general item on overall consultant usefulness were correlated with data on actual implementation of the suggestions. Results indicate that there is a relationship between the two ($\bar{5} = .36$, $p < .02$), although the correlation is not particularly strong. However, these data do suggest that consultee perceptions of consultant usefulness provide a general indication of the extent to which the consultant's suggestions are used. It should be noted that both of these measures were collected four months after the consultation when there had been good opportunity for the suggestions to be used or disregarded. These data do not comment on the extent to which consultee perceptions collected at the time of the consultation are indicative of eventual implementation.

3. Usefulness of the consultant and problem solution.

Staff judgments of the usefulness of the consultation were correlated with extent of problem solution, and the relationship was statistically significant ($r = .39$, $p < .01$). This result confirms the findings based on implementation of consultant suggestions that staff perceptions of usefulness collected several months following consultation, do provide a general indication of consultation outcome.

4. Satisfaction with consultation and implementation of consultant's suggestions.

It is not unusual for consultation to reach a conclusion with the clients stating that they were satisfied and for everything to appear fine. However, if one returns after a period of time to check, the consultation seems to have had little effect and the problem underlying the reason for the consultation still exists.

We tested the relationship between consultee satisfaction and implementation of consultant's suggestions. Results indicated a significant relationship between the two measures ($r = .42$, $p < .005$). This suggests that if staff are satisfied with the consultation they are more likely to use the consultant's suggestions, and vice-versa. The relationship between satisfaction and consultee actions is clear.

5. Satisfaction with consultation and problem solution.

Staff may be satisfied with the consultation, but does that have an effect on the problems with which the consultation dealt? The correlation between these two measures was not statistically significant ($r = .20$, n.s.) That is, there appears to be no relationship between consultee satisfaction and problem solution.

This finding does not confirm the previous result reporting a relationship between satisfaction and implementation. As discussed in the first set

of comparisons, implementation of program change is not directly synonymous with problem solution, and these data remind us of that finding. Evidently it is possible for staff to be satisfied with the consultation and to implement suggestions coming from the consultation, but for the presenting problem to remain.

6. Implementation of consultant's suggestions and consultation's influence on problem solution.

There is a general assumption that actual change or modification is a desirable objective of consultation. If it is found that the consultant's suggestions were actually implemented by the organization, one might assume that the consultation had the desired impact. However, as all experienced consultants are well aware, it is not uncommon to hear someone claim, "Well, we were going to do that anyway. The consultant may have been here and talked about it, but he or she really didn't have much influence on our decision to do that."

We addressed the issue by comparing extent of actual implementation to extent of consultant influence. Results indicate a highly significant relationship ($r = .49$, $p < .001$). Consultants who were viewed as exerting a major influence were likely to have their suggestions implemented. When the consultant was perceived as having little or no influence, it was less likely that the consultant's suggestions were implemented.

7. Problem solution and consultation's influence on problem solution.

If the problem were solved, was it really the result of the impact of the consultation or could some other event have occurred that was the real cause of the change? Was problem solution really related to the consultation?

This question was tested by correlating data on problem solution with consultant's influence on problem solution, and the results were highly significant ($r = .55$, $p < .001$). These data lead us to be quite confident that problem

solution in these consultations was in fact related to the consultation.

If the consultees had previously identified the recommendations that the consultant made and really intended to implement them anyway, one would expect that they would report a high degree of actual program change but low consultant influence (since they had already thought of the points independent of the consultant). However, these data indicate that such was not the case. That is, cases in which the consultant had little influence tended to occur in organizations with little program change. This suggests that regardless of what clients may say, degree of consultant influence is related to actual program change, and consultants with more influence are more likely to have their suggestions implemented.

8. Implementation of consultant's suggestions and future interest in consultation.

If an organization participates in consultation, but then fails to use the consultant's suggestions or still faces the presenting problem, is the organization likely to use a consultant again? Is the organization's interest in future consultation affected by its present experiences? If the answer is yes, it would be prudent for the consultant to be concerned about resolving the presenting problem. If the answer is no, the consultant may decide to address a broader range of outcomes.

The correlation of these two measures was significant ($r = .32$, $p < .05$), although the relationship was not as strong as some others reported above. Evidently, staff who have been able to use the consultant's suggestions are more likely to consider participating in consultation again.

9. Problem solution and future interest in consultation.

Extent of problem solution and consultee future plans regarding consultation were not related ($r = .01$, n.s.) The fact that problem solution did not occur

is therefore not related to future consultee plans regarding consultation. As we mentioned previously, the data indicate that implementation of consultant suggestions is not the same as problem solution. Perhaps staff do not always expect that problem solution will occur as a result of one intervention, therefore their future plans are not limited by present experiences.

Conclusions and Discussion

A number of outcome measures evaluating consultation were compared to determine the extent of the relationships among them. Results indicate that actual implementation of the consultant's suggestions was related to degree of problem solution, but that the two were not synonymous. That is, when the consultant's suggestions are implemented, some degree of problem solution also results, but the fact that implementation occurs does not necessarily mean that the problem is resolved.

Analyses of several outcome measures confirm this finding. Items measuring consultee satisfaction and plans to use a consultant again found closer relationships between these variables and implementation of the consultant's suggestions than with problem solution. At first, this is puzzling. One could ask what is the purpose of consultation if not to solve problems. Why would the consultees be satisfied and intend to use a consultant again, and yet report that the presenting problem was not solved?

The definition of problem solution is a critical factor in this issue. Consultation in some organizations may deal with complex problems reaching into all departments of the organization. If the consultation does not resolve such a many-faceted issue, no one would be particularly disappointed since the problem may be beyond the scope of any one intervention. In such a case, a consultation that affects even one portion of the overall problem may be considered a success, even though the general problem remains.

Also, it could be that the consultation dealt with aspects of organizational functioning not directly stated in the presenting problem. When this situation occurs, both the organization and consultant may be wise to determine in advance how manageable the identified problem really is, and whether consultation as an intervention really can be expected to impact on the problem.

Consultee judgments of the usefulness of the consultation provide a general indication of implementation and of problem solution, however in neither case are the relationships strong. By contrast, consultee judgments of the consultation's influence were clearly related to both implementation of the consultant's suggestions and to problem solution.

Results of the present analyses indicate that not all measures of consultation outcome mean the same thing. One measure may tap one aspect of consultation, such as implementation of consultant suggestions, but ignore others, such as problem solution. This is not meant to imply that consultation cannot be evaluated--quite the contrary. However, when evaluating a process with as many potential outcomes as consultation, special care must be taken in analyzing and explaining the results.

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Abstract - Evaluating Consultation: A Comparison of Measures

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The problem of how to accurately evaluate consultation is one of the most critical issues in the field. The evaluation of consultation is predicated on the assumption that there is common agreement on the outcome of consultation, at least in terms of the individual situation at hand. However, both research and experience indicate that there are often multiple agendas occurring in a consultation, and outcomes can vary according to the perspective and expectations of the respondent.

The paper reports on research comparing several measures for evaluating program-oriented consultations in 39 community mental health centers in the United States. Measures of consultation include the following: (1) extent to which the consultant's suggestions were used by the organization, (2) degree of consultant influence on the organization, (3) client satisfaction with the consultation, (4) degree of problem solution, and (5) usefulness of the consultation. Follow-up interviews were conducted with both consultees and consultants to collect information on the measures mentioned above. Correlations were computed with the consultation as the unit of analysis. Results of the analyses allow the comparison of a variety of outcome measures on a consultation. In addition, they relate the consultant's perception of outcome to client reactions.

Implications associated with the use of the various consultation evaluation strategies are provided, along with recommendations of evaluation strategies for the individual consultant.